

Revision: HCF-pm-92-3
APRIL 1992

(HSQB)

Attachment 4.40-C
Page 1
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Procedures for Scheduling and Conduct of Standard Surveys

The State has in effect the following procedures for the scheduling and conduct of standard surveys to assure that it has taken all reasonable steps to avoid giving notice.

All Survey Agency staff are trained in accordance with, and individually issued, Appendix P, Survey Procedures for Long Term Care Facilities, which states "Do not announce SNF/NF survey. The Life Safety Code survey must not precede the survey of resident care requirements."

Survey schedules are developed, documented and distributed within the agency as "confidential" and "nondisclosable." All surveyor agency staff are informed in their orientation that any form of disclosure of survey schedules will subject the employee to monetary fine and termination of employment. Staff is furthermore instructed to report immediately to the Section Chief any suspected discrepancies. The policy for "unannounced" surveys is reviewed periodically in staff meetings. Life Safety Code surveys are conducted after the standard survey has been completed. Surveyors do not divulge the nature of their business when making logging/travel arrangements nor are families of surveyors allowed to contact surveyors on-site. All calls are routed through the State Agency.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Programs to Measure and Reduce Inconsistency

The State has in effect the following programs to measure and reduce inconsistency in the application of survey results among surveyors.

The Certification Section of Division of Facility Services is in the process of:

- a. Developing and implementing a Q.A. program targeting LTC that is managed by the Q.A. Officer

is based on the HCFA On-Site Performance and Training Survey (OSPATS) module to include on-site process and end line review

receives input from QLI - QIT 4; members of the team and/or designees in Q.A. surveillance

provides Q.A. findings and consultation to Section Management

incorporates Q.A. findings into Training needs assessment

provides Technical Assistance to managers and surveyors as on request or as directed by Section Chief
- b. Developing retrieval system from existing Quality Control units to collecting and utilize Q.C. data in the Q.A. program.

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Attachment 4.40-E
Page 1
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

(See attached.)

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OPERATIONAL POLICIES AND PROCEDURES
FOR PROCESSING AND INVESTIGATING COMPLAINTS

PURPOSE:

To establish a quality control policy to assure that all complaints are appropriately investigated and reported in accordance with approved procedures; thus assuring uniform handling of complaints regarding licensed and certified facilities.

Policy:

The Branch Head or her designee is responsible for assuring that all complaints are properly recorded and investigated, within forty-five (45) days and a response sent to the complainant and all involved parties within sixty (60) days from the receipt of the complaint.

Complaints concerning care, treatment, or services at licensed health care facilities and which are within the jurisdiction of the Division of Facility Services (DFS) Licensure Section will be accepted for investigation. Each complaint will be assessed to determine the type investigation required. Allegations which are not within the jurisdiction of the Licensure Section will be referred to the proper agency/office.

When complainants indicate that they have not attempted to resolve concerns with facility management, they will be encouraged

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do so. If complaints are unable to achieve a satisfactory resolution with facility management, a complaint will be accepted for investigation by the Complaints Investigation Branch (CIB).

Anonymous complaints will be accepted.

Confidentiality will be maintained of all known complainants and all medical records inspected. When complaint files are reviewed by the public, all confidential information will be removed from the file prior to the review in accordance with G.S. 131E-105 and G.S. 131E-124(C).

PROCEDURE:

Complaints will be accepted by telephone, mail, or office visits by the complaint or by referral from other agencies.

- A. Telephone complaint will be taken by CIB Staff.

Complaints will be entered on a complaint information form (attached).

- B. Appointments will be scheduled for complainants who wish to lodge their complaint in person. These complaints will be entered on a complaint information form.

- C. When complainants have not attempted to resolve their concerns with facility management but indicate willingness to do so, a report for record will be completed following the initial contact; and arrangements made for recontact with the complainant within one week to determine the facility's response to concerns. When facility's

response has been unsatisfactory to the complainant, a complaint will be recorded for investigation by the CIB during the second contact. If complainants have any hesitancy in talking with facility management, a complaint will always be taken during the initial contact.

II. Upon receipt, complaints are directed to the Branch Head or her designee who will:

- A. Review the complaint.
- B. Label the complaint with the complaint category (ies).
- C. Write a letter to the complainant acknowledging receipt of the complaint.
- D. Decide whether all or portions of the complaint should be referred to other agencies/groups, etc.
 1. Complaints alleging abuse, neglect, or exploitation of a specifically named patient are immediately referred to the County Department of Social Services, Adult Protective Services, in accordance with the agreement between Division of Facility Services and Division of Social Services. In accordance with G.S. 108A-103 the Division of Social Services (DSS) will make "a prompt and thorough evaluation to determine whether the individual is in need of protective services." When in the course of the DSS investigation it becomes apparent that the abuse, neglect, or exploitation will be substantiated, the county DSS director will be immediately notify DFS by phone. The CIB will assess data from the DSS to determine

whether there is an on-going and current threat to the patient's health and safety, and if so, the CIB will investigate the situation within two working days.

2. Assistance may be requested from Nursing Home Community Advisory Committees (NHCAC) when allegations are of a general nature and do not require special, professional expertise for investigation. The Branch Head will contact the Division of Aging Regional Ombudsman to determine if the NHCAC is capable of investigating the specific complaint and able to provide the requested assistance.
3. If referrals are made, a note to this effect is made on the complaint form indicating the date of referral and to whom it was referred.

III. Following initial review, the Branch Head will send complaints to the branch Administrative Assistant who will:

- A. Assign a complaint number.
- B. Enter the complaint on the complaint log.
- C. Prepare a folder and large envelope labeled with the facility name and location and the complaint number, and the date of 45th day following receipt.
- D. Type and mail the acknowledgement letter to the complainant.
- E. Make a copy of the complaint and place it in the large envelope for the investigator to use as a working copy.
- F. Place the original complaint and a copy of the letter to

the complainant in the file folder for filing in the complaint file, which is to maintained separately form the licensure files and certification files.

- IV. the Branch Head or her designee will assign complaints to staff for investigation. During periods of heavy work load, the Branch Head may request assistance from Health Care Facilities Branch (HCFB) staff to assure the 45 day deadline is met.
- A. Routinely, complaints will be scheduled for investigation in the order received.
 - B. Complaints requiring prompt attention, as noted above, will be investigated within two working days. These would include allegations which imply that there is an imminent threat to a patient's health, safety, or welfare.
 - C. Complaints will be investigated either by unannounced visits to the facility or through phone contact with the facility administrator. The Branch Head or her designee will decide whether a complaint will be investigated by phone or an onsite visit, based upon the type of investigation method required. An onsite visit will always be made when allegations require monitoring of employee performance or observation of identified conditions.
 - D. When a survey or onsite complaint investigation has been held at a facility within thirty days prior to the receipt of a complaint about that facility, another onsite visit will not be scheduled if allegations can be answered based on findings during the recent survey or investigation.

E. Each investigation will be individually planned to assure that complete information is available for determining the validity of the complaint.

1. Information will be obtained from a variety of sources to determine consistency and accuracy.
2. Methods will include such things as patient assessments, Record reviews, monitoring of staff performance and interviews with patients, visitors and staff.
3. Persons and agencies will be contacted as necessary to obtain needed information.
4. All certification related complaints against skilled nursing facilities and/or intermediate care facilities will be investigated using the Long Term Care (LTC) Process as mandated by Federal Regulation 42 CFR 488.1100 (8) (2)

V. Onsite Investigations

- A. Onsite visits to nursing homes will be unannounced. Announced visits may be made to hospitals and other programs and agencies if this would not compromise the value or collection of relevant data.
- B. Staff assigned to do onsite investigations are responsible for planning strategies for conducting the investigation prior to the onsite visit.
- C. When two or more staff are assigned to an investigation, one person will be identified to serve as team leader. The team leader is responsible for the following:

1. Developing the investigation plan, using input from team members.
 2. Meeting with team members prior to entering the facility to review the investigation plan and make assignments.
 3. Conducting an entrance conference with the facility administrator (or person in charge in his absence) to explain the general nature of the allegations and to review the general plan for the investigation.
 4. Holding a pre-exit conference with team members to share findings and make decisions about any actions to be taken.
 5. Conducting an exit conference with the administrator at the conclusion of the investigation to review the specific allegation(s) and findings of the investigation. If additional data is needed and a final decision cannot be made prior to leaving the facility, the team leader will explain this to the administrator and that he will be notified of final decisions by phone.
 6. Completing the complaint report, required letters, and associated paperwork.
- VI. If state licensure violations are identified as a result of a complaint investigation, these are to be handled according to DFS licensure section policy. If federal deficiencies are identified, certification actions are to be initiated in accordance with the State Operations Manual.

- VII. Reports from referred complaints are reviewed by the Branch Head or her designee. If a report identifies possible violations of State or Federal requirements, or otherwise suggests a need for further investigations by the CIB, this will be scheduled.
- VIII. From time to time, certain complaints may be referred for investigation by the office of the Governor, the Secretary, a legislator or from some other source that make it necessary to give the complaint special handling. For such complaints, beside the usual processing procedures, the following additional guidelines shall be followed:
- A. The Branch Head shall insure that the Licensure Section Chief is aware of all complaints received through the offices of the Governor, the Secretary or a legislator.
 - B. When investigations are complete, a report shall be made to the referring office advising of the findings and any actions that may be anticipated in the future. These reports shall be routed through the Section Office.
 - C. In cases where the Governor or Secretary needs to respond directly to a complaint or referring legislator, a draft response shall be prepared and forwarded to the Section Office for review and final processing. Care shall be taken to insure that responses are timely and meet established deadlines.
 - D. Any complaint received that appears to have the potential for becoming a sensitive issue shall be brought to the attention of the Section Chief and he shall be kept

VII. Following an investigation, the team leader or investigator will:

- A. Prepare a report which will include the allegation(s), summary of the investigation, conclusion(s), and action taken using the complaint investigation report form (attached. Following completion reports will be given to the Branch Head or her designee for review and routing to the Licensure Section Chief prior to its being filed.
- B. Send a letter to the administrator within ten day of the investigation stating whether or not the complaint was substantiated.
 - 1. If recommendations were made, these are to be included in the letter.
 - 2. If deficiencies were cited, the DFS-4093 and instructions sheets and the HCFA 2567 are to accompany the letter.
 - 3. If administrative action is recommend, this is to be stated in the letter and that management action, is taken, will be sent in a separate mailing.
- C. Write a letter to the complainant to be sent within sixty days from the receipt of the complaint. This letter should include at a minimum:
 - 1. The date of the investigation.
 - 2. A summary of the investigation methods used.
 - 3. Whether the allegations were substantiated, not substantiated, or partially substantiated.

informed of any unusual developments as the investigation proceeds.

Signature: Jean W. Smith
Title: Branch Head
Date: 2/13/90

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Attachment 7.2-A

MEDICAL ASSISTANCE PROGRAM

State: North Carolina

NONDISCRIMINATION

The State plan assuring compliance with Title VI of the Civil Rights Act of 1964 is on file in the Regional Office of the Department of Health, Education, and Welfare.

Rec'd 12-26-73

R.O. Action 7-19-74

Eff. Date 10-1-73

Obsoleted by _____

Dated _____

North Carolina Department of Health and Human Services
Division of Social Services

Methods of Administration
For
Title VI Compliance
Of the
Civil Rights Act of 1964

Name of Program: MEDICAL ASSISTANCE (TITLE XIX MEDICAID)

I. Assignment of Responsibility

- A. Over all coordinating responsibility for the Department of Health and Human Services Mr. Harold Maness, Director of Plans and Programs
- B. Title VI Compliance in nursing homes and hospitals
Mr. John A. McCann, Civil Rights Coordinator, Division of Facility Services
- C. Title VI reviews of physicians, drug stores, and other vendors
Assistant Chief of Practitioner Services, Medical Services
Section of the Division of Social Services. The Assistant Chief of Practitioner Services consults with Mr. James E. Coats, Civil Rights Coordinator for the Division of Social Services

II. Dissemination of Information

- A. Staff
All staff are provided copies of the North Carolina Department of Health and Human Services Title VI policy statement. In addition, staff is briefed on the Division of Social Services plan and the Title XIX Methods of Administration. This information includes departmental and division responsibilities, vendor responsibilities, staff responsibilities, the dissemination of information procedures, clients rights to services, procedure for clients filing of complaints, methods of handling of complaints, and procedures for handling instances of non-compliance. This information is provided at the first in-service orientation for staff. Thereafter, it is discussed infrequently at staff meetings and supervisory conferences.

The information provided to staff is being developed and copies will be forwarded the Region IV Office for Civil Rights. The information will contain the meaning of Title VI with examples of what to look for in observing compliance or non-compliance.

Rec'd 12-26-73

73-45

Dated 12/21/73

R.O. Action 7-19-74

Eff. Date 10-1-73

Obsoleted by _____

Dated _____

B. Vendors

All vendors are advised of Title VI requirements at the time of admission to the program. Each vendor receives semi-annual visits from Medical Services staff at which time they are reminded of Title VI requirements. Vouchers contain a compliance agreement.

Copies of Title VI information sent to vendors is being drafted and will be forwarded to the Region IV Office for Civil Rights. This information is mailed to all vendors and is reviewed by the Provider Representative upon an on-site visit.

C. Clients and Applicants

The responsibility for giving Title VI information to clients and applicants is delegated to county department of social services intake workers, eligibility specialists, and social workers. Clients and applicants are advised that if they feel they are the subject of discrimination, they may receive an administrative hearing at the county level, or they may request a formal hearing from a state staff appeals and hearings officer. If they wish to file a written complaint of discrimination, forms are provided at the county level. They may call the complaint in on the Department of Health and Human Services "Hotline" or they may write to the state office or to the Regional or National Department of Health, Education, and Welfare. When this information has been provided, a notation to that effect is entered in the client's record. The client and/or applicant is given a booklet of program information which includes Title VI information. There is no scheduled periodic reissuance of this in-client is reminded of rights under Title VI.

D. Public

Booklets which contain information in reference to services available to clients and applicants are available in lobbies and waiting rooms of county departments of social services. These booklets contain a Title VI statement. The Division of Social Services issues a statement of non-discrimination news release to all news media. Social Services staff are advised to mention Title VI policy when meeting with community groups and making presentations.

III. Maintaining and Assuring Compliance

A. Reviews of Hospitals and Nursing Homes

The Division of Facility Services has six staff persons to review these facilities via annual on-site visits. These reviews include information as to the following:

The service area and population by race

Principal administrator

Licensed bed capacity

Number of rooms: private, semi-private and wards

Room occupancy inspection (patient count)

Physicians and dentists in the service area with racial breakdown

Staff privileges by race

Courtesy titles

Training programs with minority participation

Title VI and open admissions information

Patient(room transfers)

Board chairman and racial makeup of boards

Title VI Compliance clearance is required prior to issuance or re-issuance of a provider number. Since this is a vital area, Mr. John A. McCann, Civil Rights Coordinator, is required to review the annual on-site reports and sign off regarding Title VI

1) Exchange of Compliance Information

The Division of Facility Services provides a listing of facilities certified for Title VI clearance. This listing is providing to Social Services at the county and state level and is updated with supplemental as facilities are added or deleted. The complete list is published annually. When a facility applies for admission to the program, Mr. John A. McCann, Civil Rights Coordinator for the Division of Facility Services, is immediately notified. While licensing requirements are being inspected, Mr. McCann consults on Title VI requirements.

2) Files regarding these facilities are maintained in the Division of Facility Services. These files are available for review by Division of Social Services staff and the Office for Civil Rights.

3) Resolving areas of non-compliance

When non-compliance has been determined, the Director of the Division of Facility Services will send a certified letter to the Administrator of the facility noting the areas of non-compliance. The letter gives the facility a stated period of time in which to correct its discrepancy or face suspension from the program. The notification includes the right of appeal and a hearing before the Director of the Division of Facility Services, or an appointed hearing officer. The Secretary of the Department of Health and Human Services will review the findings of the hearing and will render a decision in the matter of non-compliance.

B. Other Vendors

1) Responsibility

The Division of Social Services has compliance responsibility for all vendors having "provider numbers". Mr. Emmett Sellers, Chief of the Medical Services Section has responsibility for determining that payments are not made to individual vendors in violation of Title VI.

2) On-Site Inspections

All individual vendors receive semi-annual on-site program maintenance visits. These are not called civil rights inspections. Areas of compliance are noted but unless there is an evidence of non-compliance there is no report filed. Medical Services staff observe waiting rooms, courtesy titles, appointment patterns, and the seeing of patients in the order of their arrival. One person, a Provider Representative makes the on-site inspection. The attached form, Title VI Monitoring Report is completed annually and is maintained in the Medical Services Section for review by Medical Services staff and the Office for Civil Rights.

IV Handling Complaints

All complaints are filed through the Office of the Director of Plans and Programs of the Department of Health and Human Services who assigns them to the appropriate division. The complainant is immediately notified of the receipt of his complaint. The complaint receives a personal visit in which he is helped to amplify his complaint and present any evidence he may have. The facility or vendor is contacted in reference to the complaint. A report is

written which includes all aspects of the information obtained. Wherein necessity dictates, community residents and/or others may be contacted in order to ascertain the extent of the problem. The complainant as well as the accused is notified of the results of the investigation. The complainant is informed of his rights and options for pursuing the matter further if he desires.


When a complaint is filed against an individual provider, Mr. James E. Coats, Civil Rights Coordinator for the Division of Social Services, coordinates and participates in all investigations jointly with Medical Services personnel. When a violation is determined to exist, the Director of the Division of Social Services will, by certified mail, notify the offender of the areas of non-compliance. A stated period of time is allowed to correct deficiencies or face suspension from the program. The offender is also informed of his right to a hearing with the Director or an appointed hearings officer.

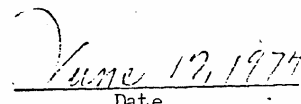
When a complaint is filed against a facility, Mr. John A. McCann, Civil Rights Coordinator for the Division of Facility Services, will coordinate and participate in all investigations. When a violation is determined to exist, the Director of the Division of Facility Services will notify the offender within the same conditions as described above.

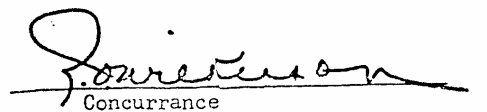
The Secretary of the Department of Human Resources will review the findings of the hearing and will render a final decision in the matter of non-compliance.

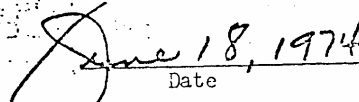
V. RECRUITMENT AND TRAINING

- A. All persons are employed from a State Merit System Register. Placements on the register are in accordance with test grades.
- B. Training for the specific job is a requirement for all employees, and is so stated at the time of employment. All employees receive the same training through orientation and supervision regardless of race, color, or national origin. "All applicants and all staff are advised of the availability of training."


Signature of Responsible
Departmental Official
Director, Division of Social Services


Date
June 12, 1974


Concurrence
Director, Division of Facility Services


Date
June 18, 1974

Rec'd 12/26/73 11-11 13-45 Dated 12/21/73

R.O. Action 7/14/74 to 11/10/73

Obsoleted by _____ Dated _____